## ARIZONA FORM 140PY

## Part-Year Resident Personal Income Tax Return Mail to: Arizona Department of Revenue, PO Box 29002, Phoenix AZ 85038-9002

1995

| For the year January 1 - December 31, 1995, or other tax year beginning, 1995, and ending |  |   | ding                 | _, 1996.        | 66 |
|---|--|---|----------------------|-----------------|----|
| 1   |  |   | Your social security |                 |    |
|   |  |   | Spouse's social sec  |                 |    |
| City, town or post office State ZIP code Home telephone For DOR use 3                     |  |   |                      | only            |    |
| Filing  | 4  | Married filing joint return   |                      |                 |    |
| Status  | 5  | Head of household - name of qualifying dependent :  |                      |                 |    |
| Check<br>one  | 6  | Married filing separate return Spouse's name:   |                      |                 |    |
|   | 7  | Single   Spouse's SSN:  |                      |                 |    |
| Exemption<br>Enter  | 8  | Age 65 or over (you and/or spouse)  |                      |                 |    |
| number  | 9  | Blind (you and/or spouse)   |                      |                 |    |
| <u>claimed</u><br>Residency   | 10<br>11   | Dependents. From page 2, line A3 - do not include self or spouse.  Part-year resident other than active military  (Check one) |                      |                 |    |
| Status  | 12   | Part-year resident other trial active military (Check one)  |                      |                 |    |
|   |  | Federal adjusted gross income (from federal Form 1040, 1040A, 1040EZ)   |                      |                 |    |
| Income  | 13<br>14   | Arizona income (from page 2, line B19)  |                      | 14              |    |
|   | 15   |   |                      | 15              |    |
|   | 16   |   |                      | 16              |    |
|   | 17 Add lines 14, 15 and 16   |   |                      | 17              |    |
|   | 18   | Subtractions from income (from page 2, line D35)  |                      |                 |    |
|   | 19   | Deposits and employer contributions into individual medical savings accounts  |                      |                 |    |
|   | 20   | Subtraction of 1995 federal retirement contributions. See instructions  |                      |                 |    |
|   | 21   | Total subtractions. Add lines 18, 19 and 20   |                      | 21              |    |
| -   | 22   | Arizona adjusted gross income. Subtract line 21 from line 17  |                      | 22              |    |
| Figuring  | 23   | Deductions. Check ONE box and enter amount. 23 I ITEMIZED 23 S STANDARD 23  |                      |                 |    |
| Your Tax  | Tax 24 Personal exemptions. Filing status box 4 or 5, multiply \$4,200 by the percentage from      |   |                      |                 |    |
|   |  | page 2, line B20. Filing status box 6 or 7, multiply \$2,100, by the percentage from page 2,                                  |                      |                 |    |
| Find standard   |  | ille bzu. Enter result nere   |                      | 25              |    |
| deductions  | 25   |   |                      |                 |    |
| amounts on  | 26   | Arizona taxable income. Subtract line 25 from line 22   |                      | 26<br>27        |    |
| page 12 of the instructions   |  |   |                      |                 |    |
| IIISHUCHOIIS  | 20 ran rosaptaro di dicame non raziona rosa di                 |   |                      | 28<br>29        |    |
| IMPORTANT:  | FANT: 30 Family income tax credit from worksheet page 13   |   |                      | 27              |    |
| Attach Federal  | 31   | Credits from Arizona Form 301, line 33  |                      |                 |    |
| Schedule A  | alle A 32 Credit type. Enter form number of each credit claimed [22]   2       2       2           |   | 3                    |                 |    |
| and State<br>Schedule   | 22 Tatal and the Add times 20 and 21   |   |                      | 33              |    |
| A(PY) or  | 34   | Total tax. Subtract line 33 from line 29. If line 33 is more than line 29, enter zero   |                      | 34              |    |
| A(PYN) if you   |  |   |                      |                 |    |
| itemized.   | ted. 36 Balance of tax. Subtract line 35 from line 34. If line 35 is more than line 34, enter zero |   |                      | 36              |    |
| Payments  | 37   | Arizona income tax withheld during 1995   |                      |                 |    |
|   | 38   | Arizona estimated tax payments for 1995   |                      |                 |    |
|   | 39   | Amount paid with 1995 Arizona extension request   |                      |                 |    |
|   | 40   | Total payments. Add lines 37, 38 and 39   |                      | 40              |    |
| Refund or   | 41   | TAX DUE. If line 36 is larger than line 40, enter amount of tax due. Skip lines 42, 43 and 44                                 |                      | 41              |    |
| Tax Due   | 42   | OVERPAYMENT. If line 40 is larger than line 36, enter amount of overpayment   |                      | 42              |    |
| Attach  | 43   | Amount of line 42 to be applied to 1996 estimated tax   |                      | 4.4             |    |
| Attach copy of  | 44   | Balance of overpayment. Subtract line 43 from line 42   |                      | 44              |    |
| your Forms  |  | Child Abuse Prevention 46 Neighbors Helping Neighbors 47  |                      |                 |    |
| W-2 and   |  | Special Olympics 48 Voluntary political contribution 49   |                      |                 |    |
| 1099-R<br>here.   | 50   | Check only one political party if making political contribution: 1 Democratic 2 Libertaria                                    | n 3 Republican       |                 |    |
|   | 51   |   |                      |                 |    |
| Attach  | 52   | Check applicable box(es). 1 Annualized/Other 2 Farmer or fisherman 3 Form 221 attached  |                      |                 |    |
| check or  | 53   | Individual medical savings account penalty  |                      |                 |    |
| money<br>order on   | 54   | Total of lines 45, 46, 47, 48, 49, 51 and 53  |                      | 54              |    |
| top of any  | 55   | REFUND. Subtract line 54 from line 44. If less than zero, enter amount owed on line 56  |                      | 55              |    |
| Forms W-2   | 56   | AMOUNT OWED. Add lines 41 and 54. Include social security number on payment   | !                    | 56              |    |
| ADOR 06-0069 (95)   | 1  |   |                      | DOR USE<br>ONLY | 82 |

Form 140PY (1995) Page 2 A1 List children and other dependents related to you. If more space is needed, attach a separate sheet. PART A Dependents Relationship Soc. Sec. No. Relationship Soc. Sec. No. Name Name Do not list yourself or spouse. A2 List dependents who are Arizona residents age 65 or over. TOTAL A3 A3 Enter total number of persons listed in A1 and A2 here and on the front of this form, box 10. PART B 1995 FEDERAL 1995 ARIZONA **B4** Dates of Arizona residency: From To Amounts from federal return Arizona Amounts only Percent of B5 Wages, salaries, tips, etc. Total **B6** B6 Interest Income **B7** B7 Dividends B8 Arizona income tax refunds **B8** B9 B9 Alimony received ..... **B10 B10** Business income or (loss) from federal Schedule C **B11** B11 Gain or (loss) from federal Schedule D..... **B12** Rents, royalties, partnerships, estates, trusts, small business corporations, from **B12** federal Schedule E ..... B13 Other income reported on your federal return ...... **B13 B14** B14 Total income. Add lines B5 through B13 ..... **B15** B15 Total IRA deduction..... **B16** B16 Other federal adjustments. Attach your own schedule ..... **B17** B17 Total adjustments. Add lines B15 and B16..... **B18** Federal adjusted gross income. Subtract line B17 from line B14 in FEDERAL Column. **B18** B19 Arizona income. Subtract line B17 from line B14 in ARIZONA Column. Enter **B19** here and on the front of this form line 14, ..... B20 **B20** Arizona percentage. *Divide line B19 by line B18 and enter the result (not over 100%)* C21 C21 Early withdrawal of Arizona Retirement System contributions ...... PART C Additions C22 Other additions to income. See instructions and attach your own schedule ...... C22 C23 To Income C23 Total. Add lines C21 and C22. Enter here and on the front of this form, line 15...... D24 **D24** Exemption: Age 65 or over. *Multiply number in box 8, page 1, by \$2,100 .....* PART D D25 **D25** Exemption: Blind. *Multiply number in box 9, page 1, by \$1,500* ..... Subtractions D26 Exemption: Dependents. Multiply number in box 10, page 1, by \$2,300 ..... D26 From D27 **D27** Total exemptions. *Add lines D24 through D26* ..... Income D28 D28 Multiply line D27 by percentage on line B20 and enter the result..... D29 D29 Interest on U.S. obligations, such as U.S. Savings Bonds and Treasury Bills included in the ARIZONA column......... D30 D30 Arizona state lottery winnings included on line B13 in ARIZONA column (up to \$5,000 only) ...... D31 D31 Social security or Railroad Retirement benefits included in your ARIZONA income ...... D32 D32 Agricultural crops contributed to Arizona charitable organizations D33 D33 Alternative fuel vehicles and refueling equipment D34 D34 Other subtractions. See instructions and attach your own schedule. D35 Total. Add lines D28 through D34. Enter here and on the front of this form, line 18 ...... D35 PART F E36 Last name(s) used in prior years if different from name(s) used in current year. **Please** I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Sign Your signature Date Occupation Here Date Spouse's occupation Spouse's Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Paid Preparer's Information Firm's name (preparer's if self-employed) Preparer's signature Preparer's address Preparer's TIN